

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90188 044 ***150.00

DOCUMENT # P05000107515 1. Entity Name PROMISE HEALTHCARE OF FLORIDA VI, INC.			
Principal Place of Business 150 E PALMETTO PARK ROAD SUITE 650 BOCA RATON FL 33432		Mailing Address 150 E PALMETTO PARK ROAD SUITE 650 BOCA RATON FL 33432	
2. Principal Place of Business 1001 Yamato Road Suite, Apt. #, etc. Suite 300 City & State Boca Raton, FL		3. Mailing Address 1001 Yamato Road Suite, Apt. #, etc. Suite 300 City & State Boca Raton, FL	
Zip 33431	Country USA	Zip 33431	Country USA
4. FEI Number 20-4751161		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ, WILLIAM M 150 E PALMETTO PARK ROAD SUITE 650 BOCA RATON FL 33432		7. Name and Address of New Registered Agent Name William M. Vazquez Street Address (P.O. Box Number is Not Acceptable) 1001 Yamato Road, Suite 300 City Boca Raton FL Zip Code 33431	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. By: William M. Vazquez SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME VAZQUEZ, WILLIAM M STREET ADDRESS 150 E PALMETTO PARK ROAD SUITE 650 CITY-ST-ZIP BOCA RATON FL 33432	<input type="checkbox"/> Delete	TITLE D NAME William M. Vazquez STREET ADDRESS 1001 Yamato Rd., Suite 300 CITY-ST-ZIP Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE P/D NAME Howard Koslow STREET ADDRESS 1001 Yamato Rd., Suite 300 CITY-ST-ZIP Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE CEO/D NAME Peter Baronoff STREET ADDRESS 1001 Yamato Rd., Suite 300 CITY-ST-ZIP Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE Secty/Treas/D NAME Lawrence Leder STREET ADDRESS 1001 Yamato Rd., Suite 300 CITY-ST-ZIP Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE D NAME Mark Dawson STREET ADDRESS 1001 Yamato Rd., Suite 300 CITY-ST-ZIP Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE D NAME Larry Kanterman STREET ADDRESS 1001 Yamato Rd., Suite 300 CITY-ST-ZIP Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: By: William M. Vazquez		Date 4-25-06	Daytime Phone # 561-869-3100